

Foster Family Home - Corrective Action Report

Provider ID: 1-561101

Home Name: Shirly Layugan, CNA

Review ID: 1-561101-8

315 Circle Makai Street

Reviewer: Maribel Nakamine

Wahiawa

HI

96786

Begin Date: 1/8/2021

Foster Family Home Required Certificate [11-800-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

Recertification inspection for a 2 person CCFFH completed.

Corrective Action Report issued during CCFFH inspection with a written plan of corrections due to CTA on 2/8/2021.

Foster Family Home Background Checks [11-800-8]

8.(a)(1) Be subject to criminal history record checks in accordance with section 846-2.7, HRS;

8.(a)(2) Be subject to adult protective service perpetrator checks if the individual has direct contact with a client; and

Comment:

8.(a)(1), (2)- CG#2's APS/CAN/Fingerprints lapsed on 11/7/2020 and renewed on 11/11/2020. CG#3's APS/CAN lapsed on 9/5/2020 and renewed on 10/13/2020; Ecrim lapsed on 9/29/2020 and no current result present in the CCFFH binder. CG#4's APS/CAN/Fingerprints lapsed on 12/14/2020 and no current result present in the CCFFH binder.

Foster Family Home Personnel and Staffing [11-800-41]

41.(b)(7) Have a current tuberculosis clearance that meets department guidelines; and

Comment:

41.(b)(7)- TB Clearance for CG#1 without an MD's signature present.

Foster Family Home Client Rights [11-800-53]

53.(b)(9) Be treated with understanding, respect, and full consideration of the client's dignity and individuality, including privacy in treatment and in care of the client's personal needs;

Comment:

53.(b)(9)- Client #1 and Client #2's bedroom has a video monitoring present in room. No written authorization from clients/POAs/Guardians present in each client's chart/binder.

Foster Family Home Records [11-800-54]

54.(c)(2) Client's current individual service plan, and when appropriate, a transportation plan approved by the department;

Comment:

54.(c)(2)- Client #2's Service Plan expired on 9/2020.

54.(c)(6)- Missing RN Notes/Visit Summary for Client #1 for the month of September 2020.

Maribel Nakamine, RN 1/8/2021
Compliance Manager Date
Shirly Layugan
Primary Care Giver Date
1-08-21

CTA RN Compliance Manager: Maribel Nakamine

Community Care Foster Family Home (CCFFH)
Written Corrective Action Plan (CAP)
Chapter 11-800

PCG's Name on CCFFH Certificate: SHIRLY G. LAYUGAN
(PLEASE PRINT)

CCFFH Address: 315 N. Circle Makani Pt. Wahiawa Hi 96786
(PLEASE PRINT)

Rule Number	Corrective Action Taken – How was each issue fixed for each violation?	Date each violation was fixed	Prevention Strategy – How will you prevent each violation from happening again in the future?
8(a)(1) 8(a)(2)	CG #1 showed CTA Compliance Manager the current APS/CAN Finger Printing and E-crim during home survey/inspection for CG #2, CG #3 and CG #4. Obtained current E-crim for CG #3 and CG #4 current APS/CAN and E-crim. Results were [REDACTED] Documents filed in home binder	1/20/21 and 1/26/21	Home will ^{use} calendar to schedule all due dates 2 months in advance to prevent from overlooking the appointments.

☒ All items that were fixed are attached to this CAP

PCG's Signature: Shirly Layugan

Date: 02/08/21

☒ CTA has reviewed all corrected items

CTA RN Compliance Manager: Mariabel Nakamine

Community Care Foster Family Home (CCFFH)
Written Corrective Action Plan (CAP)
Chapter 11-500

PCG's Name on CCFFH Certificate: SHIRLY G. LAYUGAN

(PLEASE PRINT)

CCFFH Address: 315 N. Circle Makai Pt. Wahiawa Hi 96786

(PLEASE PRINT)

Rule Number	Corrective Action Taken - How was each issue fixed for each violation?	Date each violation was fixed	Prevention Strategy - How will you prevent each violation from happening again in the future?
41.(b)(1)	CG#1 obtained a TB clearance from her provider with the signature.	01/11/21	By making sure it has signature provider in her printed name.
53.(b)(9)	CG#1 obtained a signed consent form from both of their POA's / Guardians Client #1 and Client #2. Original documents filed in their chart.	1/25/21 and 1/29/21	CG#1 will adhere to the My Choice My Way Guidelines of Clients Rights and Privacy.

☒ All items that were fixed are attached to this CAP

PCG's Signature: Shirly Layugan

Date: 02/08/21

☒ CTA has reviewed all corrected items

CTA RN Compliance Manager: Maribel Nakamine

Community Care Foster Family Home (CCFFH)
Written Corrective Action Plan (CAP)
Chapter 11-800

PCG's Name on CCFFH Certificate: SHIRLY G. LAYUGAN
(PLEASE PRINT)

CCFFH Address: 315 N. Circle Makai St. Wahiawa HI 96786
(PLEASE PRINT)

Rule Number	Corrective Action Taken - How was each issue fixed for each violation?	Date each violation was fixed	Prevention Strategy - How will you prevent each violation from happening again in the future?
54.(c)(2)	Client #2 Service Plan for 9/30/20 was obtained a copy from the Case Management office and filed to client chart.	1/11/21	CG #1 needs to follow-up a copy if from their assigned RN assessing client in a timely manner.
54.(c)(6)	Client #1 Visit Summary for 9/20/20 were obtained a copy from the Case Management office and filed to client chart.	1/11/21	CG #1 needs to check clients chart timely to prevent in happening again in the future.

☒ All items that were fixed are attached to this CAP

PCG's Signature: Shirly Layugan

Date: 02/08/21

☒ CTA has reviewed all corrected items